		PART B	8 - FEE(S)	TRA	NSMITTAL					
Complete and send this form, together with applicable fee(s), to: Mail JUN 0 7 2006					Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450					
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TRUCTIONS: The for appropriate Aller corrected to maintenance fee notification	m should be used for tran respondence including the selow or directed otherwise is.	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and rders and not a) specifying	PUBLI ification a new o	CATION FEE (if required of maintenance fees to correspondence address	ired). Blocks will be mailed ; and/or (b) in	I through 5 s I to the current adicating a sepa	hould be complete correspondence a arate "FEE ADDR	ed where ddress as ESS" for	
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CHICAGO, IL 60606 06/08/2006 DEMMANU2 00000035 10813535					A. Blair Hughes (Depositor's name)					
_				551	1/2	n(a)	(Signature)			
)1 FC:1501 1400.00 OP)2 FC:1504 300.00 OP						June 5, 2006 (Date)			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			NTOR	ATTORNEY	DOCKET NO.	CONFIRMATION	NO.	
10/813,535 03/30/2004 Jeff A. Zablocki 99,424-T1 5323 FITLE OF INVENTION: C-PYRAZOLE A2A RECEPTOR AGONISTS										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE PI			UBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE		
nonprovisional	NO	\$1400			\$300	\$1	700	07/24/2006		
EXAMINER ART U			ıır	С	LASS-SUBCLASS	ו				
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1. Change of correspondence	2. For prin	nting on	the patent front page, li	st	McDonne	ell Boehnen				
CFR 1.363). Change of correspondence address (or Change of Correspondence			(1) the na or agents		up to 3 registered pater matively,	•				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				2 Hulbert	ulbert & Berghoff LLP		
PTO/SB/47; Rev 03-02 of Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
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PLEASE NOTE: Unless	an assignee is identified be	elow, no assignee	data will app	ear on	the patent. If an assign	nee is identifie	d below, the de	ocument has been	filed for	
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute (A) NAME OF ASSIGNEE (B) RESIL) RESIDENCE: (CITY and STATE OR COUNTRY)					
CV THERAPEUTICS, INC. Palo Alto, CA										
elease check the appropriate	assignee category or catego	ries (will not be pr	inted on the p	oatent):	☐ Individual 🎾 Co	orporation or o	other private gro	oup entity Gov	ernment	
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• •	MALL ENTITY status. See	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO NOTE: The Issue Fee and Ponterest as shown by the reco	is requested to apply the Issu ublication Fee (if required) vords of the United States Pate	ne Fee and Publica will not be agcepted ont and Tragemark	tion Fee (if ar d from anyone Office.	ny) or to e other t	re-apply any previousl han the applicant; a regi	y paid issue fe istered attorne	e to the applica y or agent; or th	tion identified above assignee or other	party in	
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